

October 12, 2011

CERTIFIED MAIL
(7007 1490 0003 4200 0896)

John G. Duncan
Equi Luv N Care
34130 35th Avenue SW
Federal Way, Washington 98023

License # 751884

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Mr. Duncan:

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **2501 SW 323 Street, Federal Way, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on October 11, 2011.

WAC 388-76-10355 (7)(a)(b)(c)(d) Negotiated care plan.

The Licensee failed to ensure there was a current crisis plan for one resident with a history of assaultive, non-compliant behaviors. This failure placed the resident at risk of not receiving appropriate care and placed other residents at risk of injury.

WAC 388-76-10400 (2) Care and services.

The adult family home failed to ensure one resident who smoked, received necessary care and supervision to ensure his safety and the safety of all residents in the home. These failures placed the residents at risk of injury.

The department has determined that the following conditions shall be placed on your adult family home license:

- 1. Provider must hire at his own expense a mental health consultant to come to the home, and assist provider in developing and carrying out a negotiated care plan that addresses the resident identified as #1 behaviors including smoking safely and use of cigarettes as behavior management.*
- 2. The consultant shall train provider and all staff as to how to meet those care needs including smoking safety.*
- 3. Pending successful completion and results of conditions #1 and #2, provider will have one staff person directly supervising residents while smoking, including awake night supervision.*
- 4. The consultant must begin no later than October 24, 2011. The frequency of the consultant's in-home training visits may be reduced upon recommendation of the consultant.*
- 5. Before beginning, the provider shall provide the consultant with a copy of the October 11, 2011 Statement of Deficiencies.*
- 6. The licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

The effective date of the conditions on your license is October 12, 2011. As provided in RCW 70.128.160(4), WAC 388-76-10990 (7), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:

**Susan Hajek, Field Manager
20425 72nd Avenue S, Suite 400
Kent, Washington 98032-2388**

If you have any questions, please contact Susan Hajek, Field Manager at (253) 234-6044.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

John G. Duncan
Equi Luv N Care
October 12, 2011
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Enclosure

cc: Janice Schurman, Compliance Specialist
Field Manager, District 2, Unit F
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA- King
Medicaid Fraud Control Unit
John Ficker, HCS
HQ Central Files